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Treatment of Rheumatism with the Salicyl
Compounds.

AN HISTORICAL NOTE.

BY

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presented by the author



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TREATMENT OF RHEUMATISM WITH THE SALICYL COMPOUNDS.—AN HISTORICAL NOTE.

BY FREDERICK P. HENRY, M.D.

A REMINISCENCE, in order to be historical, should be connected with an important fact of more or less ancient date. If the fact is of universal interest, so much the more does it merit the epithet "historical." Its age is a subordinate matter, although the lapse of time may invest it with additional dignity. Some facts are epoch-making; *i. e.*, open a new era and so take their places as historical by birthright, while others are slowly, even grudgingly, accepted, and continue to maintain a precarious position.

The introduction of the salicyl compounds into the therapeutics of rheumatism was certainly epoch-making, and since they have maintained their position for nearly twenty years, it has seemed to the writer appropriate that he should publish his personal knowledge of their history.

The salicyl compounds employed in the treatment of rheumatism are three in number: (1) salicylic acid and its salts; (2) salicin; (3) methyl salicylate or oil of wintergreen. The attention of the profession was first called to the success of the first-mentioned drug in the treatment of rheumatism by Dr. Stricker, of Berlin, in 1876. In January and succeeding months of 1877 I administered salicylic acid to a large number of rheumatic cases at the Episcopal Hospital of Philadelphia, and, so far as I know, this was the first hospital in this city, if not in this country, in which the drug was employed on a large scale.

When a student at the College of Physicians and Surgeons of New York, I had heard the late Prof. Alonzo Clark remark that, in his opinion, the greatest therapeutic advance of the day was to be found in the alkaline treatment of rheumatism introduced by Dr. Fuller, of London. I soon had convincing reasons to believe that the alkaline treatment was eclipsed.



I do not claim the sole credit of introducing this treatment into the Episcopal Hospital, where, it is needless to say, it has been employed ever since. The suggestion of its use was made by my then resident physician, the late Dr. Charles B. Goldsborough, formerly surgeon of the Marine Hospital service, and I am glad of the opportunity of paying this tribute to the memory of my former pupil and friend. Dr. Goldsborough, a graduate of the University of Pennsylvania, and a pupil of the late Prof. Carson, selected salicylic acid as the subject of his graduating thesis, this acid having, about that time, attracted attention on account of its decided antiseptic properties. Dr. Goldsborough's thesis was awarded the first prize, or, to be strictly accurate, the first prize was divided between him and Dr. Robert Meade Smith, the theses of these two gentlemen being considered of equal merit.

While acting as resident physician at the Episcopal Hospital, Dr. Goldsborough, whose interest in salicylic acid continued, saw some reference to the marked success which had followed its administration in a number of rheumatic cases in Germany, and asked whether I would be willing to employ it in the wards under my care. It is needless to say that I consented, for I had seen enough of rheumatism to feel convinced that its treatment was one of the opprobria of medical practice. Suffice it to say that the success which followed the use of the new drug afforded a wonderful contrast to the results which had preceded it.

During our first employment of salicylic acid at the Episcopal Hospital, we administered the drug in capsules, or rather in *cachets* (*cachets de pain*). Soon after it was found that the soluble sodium salt was equally efficacious, and the administration of the pure acid fell into comparative disuse. Of late there has been a tendency to return to the latter, and the writer regards this retrograde step as a wise one, for, in his opinion, the *pure acid* is more effective than any of its compounds.

It is eighteen years since the treatment of rheumatism by salicylic acid and its sodium salt was first employed in Philadelphia.* During that period numerous drugs have been highly recommended for various diseases, have had their brief period of so-called success and been forgotten, but when salicylic acid was introduced it came to stay.

A fact of somewhat amusing interest in connection with this subject is that the virtues of salicylic acid are questioned or denied, as a rule, solely by those who have not practiced in pre-salicylic days.

To Dr. MacLagan, of Scotland, belongs the credit of having first employed one of the salicyl compounds in the treatment of rheumatism. The substance used by him was salicin, and he was led to employ it on purely theoretical grounds. Believing in the miasmatic origin of rheumatism, he sought for a remedy among the plants and trees which grow in malarial districts, and found it in the willow. He began to use salicin, a bitter principle found in the willow, in 1874, and published his results in 1876. It has since transpired, although the fact was unknown to MacLagan, that the Dutch Boers and native Hottentots have long been accustomed to use a decoction of willow shoots as a remedy for acute articular rheumatism.

Although this note was intended to be purely historical, it may not be amiss to refer to the present status of the salicyl compounds. In 1892 Dr. Marcel Baudouin¹ made a tour of the Paris hospitals with a view to ascertaining the prevalent treatment of acute articular rheumatism in those institutions. He obtained reports from Professors Straus and Bouchard, MM. Millard, Guyot, Dujardin-Beaumetz, Bucquon, Talamon, Chauffard, Barth, Barié, Comby, Faisans, Sevestre, Ollivier and Simon. The verdict is overwhelmingly in favor of salicylate of sodium. Straus, Dujardin-Beaumetz and Faisans regard it as a veritable specific; Millard, as the remedy *par excellence*. Guyot speaks of the introduction of this drug into the treatment of rheumatism as a therapeutic² triumph, and the same opinion, practically, is expressed by all the clinicians mentioned. In the treatment of these practitioners there are minor differences as to dose and mode of administration, but the chief reliance of all is upon the drug in question.

¹ La Semaine Médicale, 11 Mai, 1892.

² L'une des rares conquêtes de la thérapeutique actuelle.

